

## OFFICIAL COMMUNICATION

## **CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the following documents are being facsimile transmitted to the Patent and Trademark Office, facsimile number 571-273-2885, on 2/22/2007

for the patent application identified below:

MAIL STOP: Issue Fee

EXAMINER: Nell N. TURK

ART UNIT: 1743

APPLICANT(S); Wesley B. DONG

APPLICATION NO .: 10/606,203

FILING DATE: 6/25/2003

ATTORNEY DOCKET NO .: 100/16101

TOTAL PAGES (incl. Certificate): 6

DOCUMENT(S): Transmittal; Issue Fee Transmittal;

Amendment Under 37 CFR 1.312

Signature

WIII Sayo

Typed or printed name of person signing Certificate

650-623-0324

Telephone



PADEMARK					Approved for use through 3/31/2007
		APPLICATION NUMBE	R	•	19/808,203
TRAN	I & ÁAII STSTAI	FILING DAT	re		8/25/2003
TRANSMITTAL		APPLICANT(	S)	Wesley B. DONG	
FORM		ART UN	П	1743	
(to be used for all correspondence offer initial filing)		EXAMINE	₹	ngii n. Turk	
MAIL STOP ISSUE FOR		ATTORNEY DOCKET NUMBE	≅R	100/16101	
ENCLOSURES (Chock all that apply)					
				<u> </u>	7
		TO-1595 Recordation Form Cove	<b>∍</b> Γ	╽╞═	Terminal Disclaimer
Amendment/Response		Assignment ( sheet(s))		Notice of Appeal	
Preliminary		Merger/Name Change Certific	cate	╽╘	Appeal Brief
Election/Restriction Requirement		ower of Attorney			Reply Brief
After Allowance (97 CFR 1.312)		Statement Under 97 CFR 3.7	3(b)	Proprietary Information	
Missing Parts/Incomplete Application C		hange of Address		Status Letter	
Under 37 CFR 1.52 or 1.53		ttion Othe		Other enclosure(s) identified below:	
Extension of Time Request ( month(e))		Revive Application			-
Information Disclosure Statement & Form(s) PTO-SB08		Withdraw			
		→ /equest			
Declaration (sheet(s))		Correction			
Application Data Sheet (updated)		Refund			. •
REMARKS					
The Commissioner is hereby authorized to charge any deficiency(les) of fee(s) found to be required for this filling, or credit any overpayment(s), to Deposit Account No. 03-0177, referencing the attorney docket number indicated above.					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
FIRM NAME					
SIGNATURE	am C. Petersen				
PRINTED NAME	Ann C. Petersen				
DATE	2/22/2	007	REG. N	10.	55,536
Certificate of transmission/mailing under 97 CFR 1.8					
I hereby certify that this correspondence is being:					
Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop locus Fee, Commissioner for Patents, P. O. Box1450, Alexandria, VA 22313-1450.					
☐ Transmitted by facsimile on the date shown below to the USPTO, Date Foo facsimile number 571-279-2885					
SIGNATURE		WIVI			
PRINTED NAME	Aul	l Sayo	p	ATE	2/22/2007